

FOR OFFICE USE ONLY	
Date Hired	_____
Starting Date	_____
Starting Time	_____

APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY	
Department _____	Rate _____
Position _____	Date _____

(PLEASE PRINT PLAINLY)

Every employee has the right to work in surroundings free from all forms of unlawful discrimination. Beaver Creek Township/Fire Department complies with all federal and state equal employment opportunity laws prohibiting discrimination against employees and applicants based on race, color, religion, sex, age, national origin, citizenship status, disability, genetic information, current or reserve military service, veteran status, or due to being the victim of domestic violence, sexual assault, or stalking. In all hiring and employment practices, Beaver Creek Township makes every effort to ensure that it does not discriminate against employees and applicants. This policy addresses Beaver Creek Township's commitment to providing equal opportunity employment for all employees and applicants and to promoting diversity in the workplace.

Equal opportunity extends to all aspects of the employment relationship, including hiring, promotions, pay, benefits, training, performance evaluations, working conditions, discipline, and termination.

This application will be kept current for six months. You need to complete another to be reconsidered after this date.

PERSONAL

Date _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? _____

Are you 18 or older? _____

Type of Position Desired _____ Full Time _____ Part Time _____ temporary _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____ 19____

U.S. ARMED FORCES HISTORY

U.S. Armed Forces Service Yes No

Branch of Service _____ From _____ To _____

GENERAL INFORMATION

Name of relatives in our employ _____

Do you have a valid driver's license?

Yes No License # _____ State _____ Type of endorsement _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree
			5	6	7	8		
Elementary	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
High	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Specify	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other experiences, skills, or qualifications, which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and State law precludes obtaining in the pre-employment state):

List below present and past employment, beginning with your most recent

Omit Military Service History - GIVE PRESENT OR MOST RECENT POSITION FIRST.

Information must be complete - Be accurate

EMPLOYMENT EXPERIENCE/WORK HISTORY

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or other name, please indicate that name by the employer.

May we request a reference from your present employer? Yes No

I	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

II	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

III	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

IV	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

Have you ever been discharged from any position? Yes No If yes, explain _____

Is this a complete list of your employment? Yes No

Are we granted permission to check all information? Yes No

Indicate by number _____ Any of the above employers whom you **do not** wish us to contact? _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

We are an equal employment opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status, or disability.

Briefly set forth why you desire employment with this (Township, City, Village Name). (If additional space is required, please use the "Additional Information" section on the next page.)

Name and address of the person to be notified in the event of accident or emergency _____

DO NOT SIGN AS REQUESTED BELOW UNTIL YOU HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND ITS TERMS AND CONDITIONS, AND AGREE TO THE TERMS AND CONDITIONS SET FORTH HEREIN. YOUR SIGNATURE BELOW INDICATES YOUR AGREEMENT TO THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. THE CONSIDERATION FOR YOUR ACCEPTANCE OF THE TERMS AND CONDITIONS SET FORTH HEREIN IS BEAVER CREEK TOWNSHIP/FIRE DEPARTMENT'S WILLINGNESS TO REVIEW YOUR APPLICATION AND EMPLOYMENT IF YOU ARE SELECTED FOR EMPLOYMENT..

By signing this Application, I certify that all answers to questions in the application, and other reference documents are true and complete to the best of my knowledge. I understand that misrepresentation, omission, or falsified statements on this Application or any other reference documents in any detail shall constitute sufficient cause for disqualification from further consideration for hire or for dismissal whenever discovered.

_____.(SIGNATURE)

Date:_____.